

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 17 - 2015

Introduced by Supervisor Daly, Grattidge, Johnson, Lucia, Peck, Sausville and Wright

AMENDING RESOLUTION 163-2014 AND APPROVING A REVISED STANDARD WORKDAY REPORTING RESOLUTION FOR AN ELECTED COUNTY OFFICIAL

WHEREAS, this Board adopted Resolution 163-2014 establishing standard work days for certain elected and appointed County Officials for retirement reporting purposes pursuant to regulations of the New York State and Local Employees' Retirement System; and

WHEREAS, there was an error in the number of hours reported in the "Record of Activities Result" column of Resolution 163-2014 for Town of Halfmoon Supervisor Kevin Tollisen, and it is necessary that said error be corrected; now, therefore, be it

RESOLVED, that this Board of Supervisors hereby amends Resolution 163-2014 and establishes the following as the standard work day for the elected official named hereafter, and will report the following days to the New York State Employees' Retirement System based on the record of activities maintained by this official to the Clerk of this body:

Title	Standard Work Day (Hrs./day) Min. 6 hrs. Max 8 hrs.	Name (First and Last)	Social Security Number (Last 4 digits)	Registration Number	Tier 1 (Check only if member is in Tier 1	Current Term Begin & End Dates (mm/dd/yy- mm/dd/yy)	Participates in Employer's Time Keeping System (Yes/No-If Yes, do not complete the last two columns)	Record of Activities Result*	Not Submitted (Check only if official did not submit their Record of Activities)
Elected Officials									
Supervisor T/O Halfmoon	6	Kevin Tollisen				1/1/14-12/31/15	N	1.6	
BUDGET IMPACT STATEMENT: No budget impact.									
On this day of January, 2015 Date enacted: Date enacted:									
I, <u>Pamela A. Wright</u> , clerk of the governing board of the <u>County of Saratoga</u> , of the State of New York, do hereby certify that I have compared the foregoing with the original resolution passed by such board, at a legally convened meeting held on the <u>20th</u> day of <u>January</u> , 2015 on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original.									
I further certify that the full board, consists of members, and that of such members were present at such meeting and that of such members voted in favor of the above resolution.									
IN WITNESS WHEREOF, I have hereunto Set my hand and the seal of the County of Saratoga, Board of Supervisors.									
								(SEAL)	